



PART B - FEE(S) TRANSMITTAL

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06002777 7590 06/04/2004
**PHILIP S. JOHNSON
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Jacqueline Pintinics (Depositor's name)
[Signature] (Signature)
8/30/04 (Date)

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 16/008,982 | 12/06/2001 | Gao-Hong Kuo | ORT-1551 | 5874 |

TITLE OF INVENTION: MACROHETEROCYCLIC COMPOUNDS USEFUL AS KINASE INHIBITORS

| APPL. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO | \$1330 | \$300 | \$1630 | 09/07/2004 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|-----------------------|----------|----------------|
| COLEMAN, BRENDA LIBBY | 1624 | 514-279000 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 _____
2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNOR**(B) RESIDENCE: (CITY and STATE OR COUNTRY)****Ortho-McNeil Pharmaceutical, Inc.****Raritan, NJ****Recorded: 04/15/2002****Reel/Frame: 012807/0707**

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:☒ Issue Fee☒ Publication Fee☐ Advance Order - # of Copies _____**4b. Payment of Fee(s):**☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number **10-0750** (enclose an extra copy of this form).

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(Authorized Signature) *[Signature]* 8/30/04 (Date)

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OMB 0651-0033

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